

KENTUCKY OFFICE OF WORKERS' CLAIMS						
ELECTRONIC DATA INTERCHANGE						
SROI EVENT TABLE						
MTC	IDENTIFIES	DEFINITION	STATE STATUTE REQUIREMENTS	EDI PROGRAM REQUIREMENTS		
02	Change Record	Used when a change is to be made on an existing Subsequent Report data elements.		A Change Record may be sent for any MTC where Subsequent Reports are concerned, however, said MTC must be on file.	When filling out the MTC Date field, use the MTC Date of the previously filed report being changed. This MTC is not to be used to file a Change in Benefit Type or Amount. (CA or CB)	When used to change the payment adjustment end date, WILL NOT TRIGGER THE GENERATION OF A NEW STATUTE LETTER
04	Denial	Used to report denial of the entire claim.	See KRS 342.038	There must be an IP, AP or FS on file or 04 filing will be rejected.	Does not stop additional subsequent reports from coming in after being reported. If benefits have not been paid, file the <u>Denial as a First Report denial.</u>	GENERATES A STATUTE LETTER
4P	Partial Denial	Used to report specific benefits being denied.		A Subsequent Partial Denial may only be sent after an Original (00) First Report is on file.	<u>DOES NOT GENERATE A STATUTE LETTER</u>	
AP	Acquired Payment	Used to Report Payments made by carrier upon taking over an acquired claim.		There must be a AU on file.	If the acquiring carrier is making the <u>initial</u> indemnity payment for benefits, an "IP" needs to be filed.	"AP" is filed to show first indemnity payment made by the acquiring carrier after the original carrier has filed the "IP".
CA	Change in Benefit Amount	Used to report changing the amount of benefits being paid.		There must be an IP, AP or FS on file which would warrant this type of filing.	Requires information to be provided in the Benefit Adjustments segment.	MTC 02 cannot be used to change the benefit amount.
CB	Change in Benefit Type	Used to report changing the type of benefit being paid.		There must be an IP, AP or FS on file which would warrant this type of filing.	Requires information to be provided in the Benefit Adjustments segment.	MTC 02 cannot be used to change the benefit type.
CD	Compensable Death/No Dependents	Used only when there is a work related death with no dependents		File only after an Original (00) First Report is on file.	A Date of Death and corresponding Payment Adjustment Code 010 must be provided with this type of filing	GENERATES A FATALITY LETTER
CO	Correction	Used when correcting errors at the request of the Jurisdiction to an existing Subsequent Report.		A Correction may be sent for any MTC where Subsequent Reports are concerned, however, said MTC must be on file.	When filling out the MTC Date field, use the MTC Date that matches the previously filed record being corrected.	When used to correct the payment adjustment end date, WILL NOT TRIGGER THE GENERATION OF A NEW STATUTE LETTER
FN	Final Notice	OWC refers to this as a Final Notice rather than Final Payment.	KENTUCKY DOES NOT RECOGNIZE THE FINAL CLOSING OF A CLAIM AS MEDICAL BENEFITS CAN REMAIN OPEN EVEN AFTER INDEMNITY PAYMENTS HAVE CEASED	There must be an IP, AP or FS on file.	<u>DO NOT USE A FINAL NOTICE (FN) TO REPORT SUSPENSION OF BENEFITS.</u>	<u>DOES NOT GENERATE A STATUTE LETTER</u>

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FS	Full Salary	Used when the employer is going to continue paying the injured workers salary in lieu of benefits	An Original First Report must be filed previous to our receiving a Full Salary. FS's need to be filed once 7 days of lost time are accumulated.	This is treated the same as an Initial Payment, as it is a form of benefit payment.	Submit the weekly salary in the Adjustment Amount field. The Payment Adjustment code would be 240, employer paid.	MTC S1 must be sent when "FS" benefit payments are terminated.
IP	Initial Payment	Used to report the beginning of benefit payments.	An Original First Report must be filed previous to our receiving a Initial Payment. IP's need to be filed once 7 days of lost time are accumulated.	Never use this as a means of both reporting benefits, and suspending benefits.	MTC S1 must be sent when benefit payments are terminated.	
P1-P5, P7, P9 and PJ	Partial Suspension for definition given in the IAIABC Guide			An IP, AP or FS must be on file before we can accept any of these types of suspensions.	We require these Maintenance Type Codes when reporting a Partial Suspension of Benefits.	None of these MTC generate a statute letter.
PY	Payments other than Indemnity Benefits payments	Payment information for which reporting is required by the jurisdiction.		If you are making a Payment on a claim other than the standard benefit payments, this type of filing is required.	Filing will be REJECTED if you don't use the Pay Adj codes or the PTD/reduced earnings/recoveries codes given under element definition for PY	DO NOT USE THIS MTC TO REPORT TTD BENEFITS
RB	Reinstatement of Benefits	Used to report that benefits previously suspended are being reinstated.		Any form of Suspension from P1-PJ, S1-SJ must be on file before we can accept RB.	The Payment/Adjustment Start Date DN0088 should be the date that benefits were reinstated.	
RE	Reduced Earnings			An IP, AP or FS must be on file.	Used to report a reduction of benefits.	
S1	Full Suspension due to claimant returning to work, or being medically qualified to return to work	Used to report when the injured worker has returned to full work duty, or has been cleared by a physician to return to full duty without restrictions.		An IP, AP or FS must be on file before we can accept a S1. Sending a S1 prior to an IP, AP or FS will result in a rejection for "Suspension prior to Initial Payment".	GENERATES THE STATUTE OF LIMITATION LETTER	<u>DO NOT USE A FINAL NOTICE (FN) TO REPORT SUSPENSION OF BENEFITS.</u>
S2-S9 and SJ	Full Suspension for definition given in the IAIABC Guide			An IP, AP or FS must be on file before we can accept any of these types of suspensions.	Sending a Suspension prior to an IP, AP or FS will result in a rejection for "Suspension prior to Initial Payment".	None of these MTC generate a statute letter.
UR	Upon Request	KY DOES NOT REQUIRE ANY REPORT WHERE THIS CODE WOULD BE NECESSARY				
VE	Volunteer	Acknowledges volunteer work was done. No indemnity payment by carrier		Even though the claimant is a volunteer, an Original (00) First Report must be filed.		

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BM	Bi-Monthly	If the claimant continues to draw benefits, you must report this every 60 days while the claim is ongoing.	See KRS 342.038	An IP, AP or FS must be on file.	The Paid to Date field must contain the cumulative payment to date, not the amount paid for the 60 day period filed.	